Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. [redacted]/10/594,527

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		~~2~~				
4		0				
5		~~1~~				
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7		1				
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TOTAL IND.	2	⬇		⬇		⬇
TOTAL DEP.	64	⬅		⬅		⬅
TOTAL CLAIMS	8 / 6					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS						